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BEVER HOFFMAN & HARMS, LLP TRI-VALLEY OFFICE 1432 CONCANNON BLVD., BLDG. G LIVERMORE, CA 94550 02/01/2005 JBALINA2 00000162 500574 09663832				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
				Patricia F. T	ate	(Depositor's na
01 FC:2501 700. 02 FC:8001 6.		Patrice	a The	(Signa)		
02 FC:8001 6.00 DA				January 25, 2005		(D
APPLICATION NO.	FILING DATE		FIRST NAMED INV		1	
09/663,832	(2.022				ATTORNEY DOCKET NO.	CONFIRMATION NO.
Walcolin G. Sinui Sk. ULT-010						4031
TITLE OF INVENTION: ROTABLE PORTABLE CARD HAVING A DATA STORAGE DEVICE, APPARATUS AND METHOD FOR USING SAME						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	-\$685		\$0	-\$685	
EXAMINER		\$700			n \$700	01/25/2005
HESS, DANIEL A		ART UNIT		CLASS-SUBCLASS]	
	2876		235-487000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
UltraCard, Inc. Bend, OR						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Corporation or other private group entity Governm						
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A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
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The Director is hereby authorized by charge the required fee(s), or credit are Deposit Account Number 50-0574 (enclose an extra copy of the status indicated above)						py of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
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